



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/848,792	
	Filing Date	May 4, 2001	
	First Named Inventor	Christopher S. Churchill	
	Group Art Unit	3635	
	Examiner Name	Brian E. Glessner	
Total Number of Pages in This Submission	16	Attorney Docket Number	119068-1000

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition For Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): • Acknowledgment Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Or Individual Name	Monique A. Vander Molen		
Signature	<i>Monique A. Vander Molen</i>		
Date	Nov. 15, 2004		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage Express Mail, Label No. EV 612386101 US, in an envelope addressed to: Mail Stop: AFTER FINAL , Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or Printed Name	Kelli A. Ivey		
Signature	<i>Kelli A. Ivey</i>	Date	11-15-04

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**FEE TRANSMITTAL
For FY 2005**

Effective 10/01/03. Patent fees are subject to annual revision.

Complete if Known

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First Named Inventor	Christopher S. Churchill
Examiner Name	Brian E. Glessner
Group Art Unit	3635
Attorney Docket Number	119068-1000

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** \$ 660.00**METHOD OF PAYMENT (Check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number: 07-0153

Deposit Account Name: Gardere Wynne Sewell LLP

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1001	790	2001	395	Utility filing Fee	\$ _____
1002	350	2002	175	Design filing fee	\$ _____
1003	550	2003	275	Plant filing fee	\$ _____
1004	790	2004	395	Reissue filing fee	\$ _____
1005	160	2005	80	Provisional filing fee	\$ _____

SUBTOTAL (1) \$ _____**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims		Fee from below	Fee Paid
Total Claims	32	- 39**	= 0	x 18.00	= \$ _____
Independent Claims	5	- 5**	= 0	x 86.00	= \$ _____
Multiple Dependent				280.00	= \$ _____

Large Entity		Small Entity		Fee Description
Code	Fee (\$)	Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent Claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ N/A

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	\$ _____
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	\$ _____
1053	130	1053	130	Non-English specification	\$ _____
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	\$ _____
18042	920*	1804	920*	Requesting publication of SIR prior to Examiner action	\$ _____
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	\$ _____
1251	110	2251	55	Extension for reply within first month	\$ _____
1252	430	2252	215	Extension for reply within second month	\$ _____
1253	980	2253	490	Extension for reply within third month	\$ 490.00
1254	1,530	2254	765	Extension for reply within fourth month	\$ _____
1255	2,080	2255	1,040	Extension for reply within fifth month	\$ _____
1401	340	2401	170	Notice of Appeal	\$ 170.00
1402	340	2402	170	Filing a brief in support of an appeal	\$ _____
1403	300	2403	150	Request for oral hearing	\$ _____
1451	1,510	1452	1,510	Petition to institute a public use proceeding	\$ _____
1452	110	2452	55	Petition to revive - unavoidable	\$ _____
1453	1,370	2453	685	Petition to revive - unintentional	\$ _____
1501	1,370	2501	685	Utility issue fee (or reissue)	\$ _____
1502	490	2502	245	Design issue fee	\$ _____
1503	660	2503	330	Plant issue fee	\$ _____
1460	130	1460	130	Petitions to the Commissioner	\$ _____
1807	50	1806	50	Processing fee under 37 CFR 1.17(g)	\$ _____
1806	180	1806	180	Submission of Information Disclosure Stmt	\$ _____
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	\$ _____
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	\$ _____
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	\$ _____
1801	790	2801	395	Request for Continued Examination (RCE)	\$ _____
1802	900	1802	900	Request for expedited examination of a design application	\$ _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$ 660.00**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Monique A. Vander Molen	Registration No. (Attorney/Agent)	53,716	Telephone	(214) 999-4330
Signature	Monique A. Vander Molen			Date	Nov. 15, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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